

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4101AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2009
NAME OF PROVIDER OR SUPPLIER LAKE MEAD CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4325 W LAKE MEAD LAS VEGAS, NV 89108		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on June 24, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six (6) Residential Facility for Group beds for elderly and disabled persons and persons with mental illness, Category II residents. The census at the time of the survey was four (4) residents. There were four resident files reviewed and four employee files were reviewed. The facility received a grade of "A". The following deficiencies were identified.	Y 000		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 6/24/09, the facility failed to ensure 2 of 4 caregivers met background	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 check requirements (Employee #1, #3). Findings include: The file for Employee #1 lacked documentation of fingerprint cards and a response from the repository. The file for Employee #3 lacked documented evidence of fingerprint cards. Severity: 2 Scope: 2	Y 105			
Y 434 SS=C	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review on 6/24/09, the facility failed to ensure that monthly evacuation drills were conducted on an irregular schedule for the past 3 of 12 months (April, May, and June of 2009). Findings include: The facility lacked documented evidence of a monthly fire drill performed for the month of May 2009. The facility failed to perform fire drills on an irregular schedule, other than the 1st of each	Y 434			

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Y 434	Continued From page 2 calendar month. Severity: 1 Scope: 3	Y 434		
Y 878 SS=D	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 6/24/09, the facility failed to ensure that 1 of 4 residents received medications as prescribed (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 was prescribed Temazepam 15 mg (1 capsule at bedtime) by a physician.</p> <p>Employee #2 indicated that she administers the medication (PRN) as needed.</p> <p>Review of the facility's medication administration record revealed that the resident was administered the Temazepam at 8:00PM on</p>	Y 878		

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Y 878	Continued From page 3 6/22/09, 6/23/09 & 6/24/09. Interview with Employee #2 indicated that she administers the medication only when the resident asks for it. The facility failed to administer the resident's medication according to the physician's order. Severity: 2 Scope: 1	Y 878			
Y 908 SS=A	449.2746(2)(a)-(f) PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. This Regulation is not met as evidenced by: Based on record review on 6/24/09, the facility did not ensure the medication record was complete for 1 of 4 residents receiving as needed (PRN) medications (Resident #1).	Y 908			

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Y 908	Continued From page 4 Findings include; Employee #1 failed to initial the medication administration record after administering Temazepam 15mg to Resident #1. Severity: 1 Scope: 1	Y 908			

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